

COWICHAN VALLEY SOUTH - 421

Local Health Area Profile



Cowichan Valley South Local Health Area (LHA) is one of 14 LHAs in Island Health and is located in Island Health's Central Health Service Delivery Area (HSDA). Situated at the southernmost region of the Central HSDA, Cowichan Valley South covers approximately 744 square kilometers and includes the following communities: Shawnigan Lake, Cobble Hill, Mill Bay, Duncan, and North Cowichan. The LHA borders three others: Western Communities, Cowichan Valley West, and Cowichan Valley North.

Cowichan Valley South is located on the Island Highway and is approximately a 45 minute drive from Victoria and Nanaimo. There is a ferry terminal in Crofton that provides ferry access to Salt Spring Island. Cowichan Valley South has a BC Transit bus system with over 10 routes and a handyDART service.



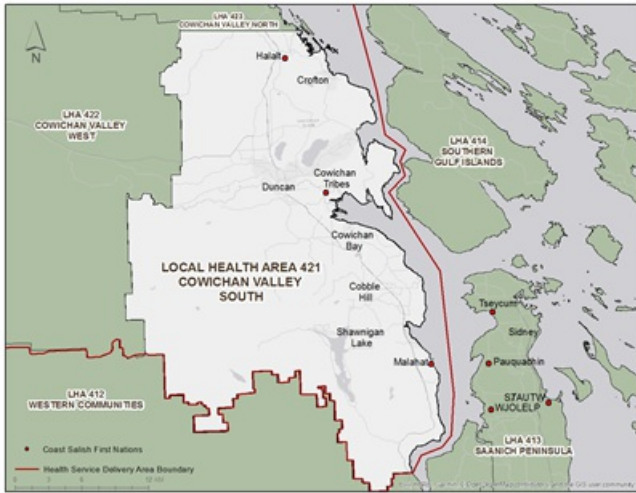
An accompanying Interpretation Guide has been created to assist with the interpretation of indicators.

The Interpretation Guide should be read with the profiles.

These profiles are not intended to be used for detailed planning or analysis. As they are updated on an annual basis, there may be more current data available. If you are intending to use these profiles for health planning purposes, if you have detailed questions, or notice a discrepancy, please contact Maritia Gully (Maritia.Gully@viha.ca).



Population and Demographics



As of 2019, Cowichan Valley South (C.V. South) represents 7.51% (63,298 people) of Island Health's total population of 843,376. According to the 2016 Census, 11.4% of people living in C.V. South identified themselves as Indigenous, compared to 7.6% across Island Health and 5.9% in BC. Additionally, 5.4% of people living in the C.V. South area identified themselves as a visible minority, compared to 9.6% across Island Health and 30.3% in BC.

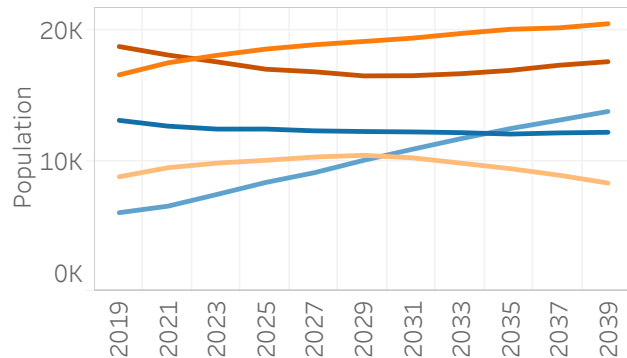
The population of C.V. South is older than that of BC, but younger than Island Health, with an average age of 43.9 years. The 75+ age group makes up 9.52% of the population, which is lower than Island Health (10.1%) and higher than BC (7.86%) proportions. Currently, the largest population group is between the ages of 45 and 64.

The C.V. South population is expected to increase by 7.34% to 67,945 by the year 2028. The greatest growth is expected in the 75+ age group, where the population is expected to more than double (from 6,025 to 13,478) over the next 20 years. The 65-74 year age group is expected to increase over the next 10 years and then decline, while the 0-19 and 45-64 year age groups are also expected to decline. The 20-44 year age group is expected to increase modestly over the next 20 years. See the Population and Demographics summary on page 11 for more information.

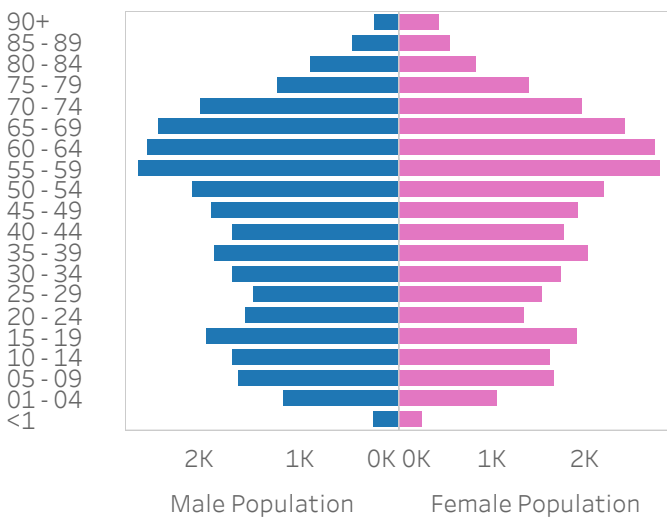
Average Age (2018)



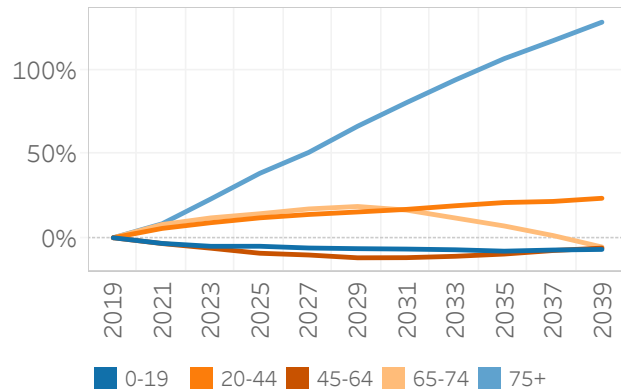
Estimated Total Population - C.V. South



Population Pyramid - 2019 - c.v. South



Estimated Population Change - C.V. South





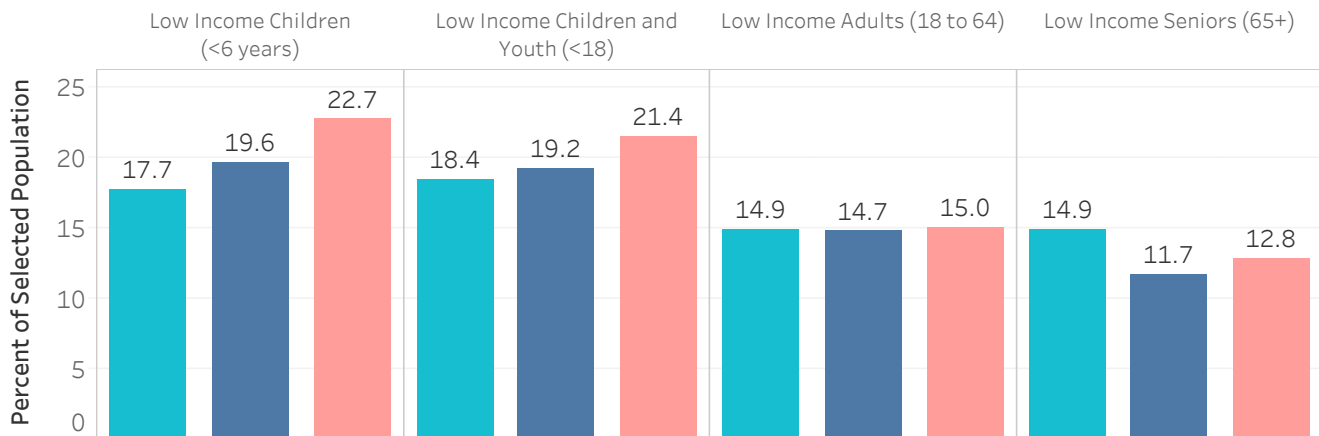
Determinants of Health

Access to adequate income, affordable housing, healthy food, education, healthy environments, and recreational opportunities influence our health and wellbeing. People who are less well-off generally have poorer health and shorter life expectancies than those who are well-off. By working upstream to improve the conditions in which all people live, work, and play, we can decrease these gaps and improve the health and wellbeing of our population.

Income and Employment

The median household income for C.V. South was \$66,918 in 2016 lower than the BC median household income of \$69,979 and higher than Island Health's \$65,735 (median income in this report is a before-tax measure unless specified otherwise). The proportion of people who are members of a low income household is higher among children, youth, and adults compared to Island Health and BC, but the proportion of low income seniors is between Island Health (lower) and BC (higher) levels. Compared to Island Health and BC, the unemployment rate is similar in C.V. South (see page 12).

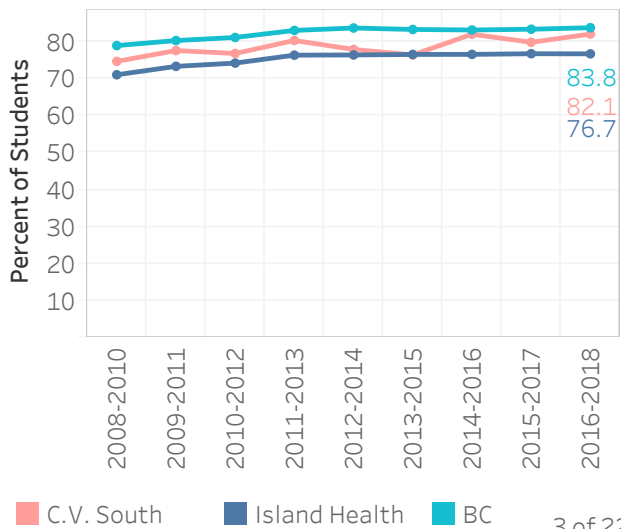
Percent of Population with Low Income in 2015 based on after-tax low-income measure (2016 Census)



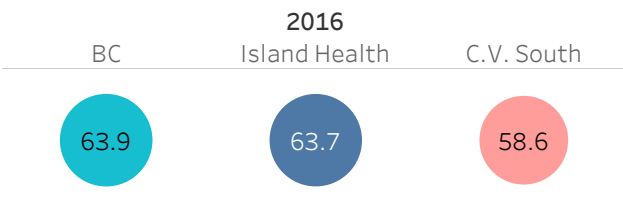
Education

High school completion rates in the C.V. South have been increasing over the last ten years and are similar to the rates for Island Health and BC. However, according to the 2016 Census, a lower proportion of the C.V. South adult population have completed post-secondary education.

High School Completion Rate within 6 years of Grade 8 Enrollment (2 yr aggregate)



Population Aged 25 to 64 with Post-Secondary Certificate, Diploma or Degree (%)





Determinants of Health

Housing

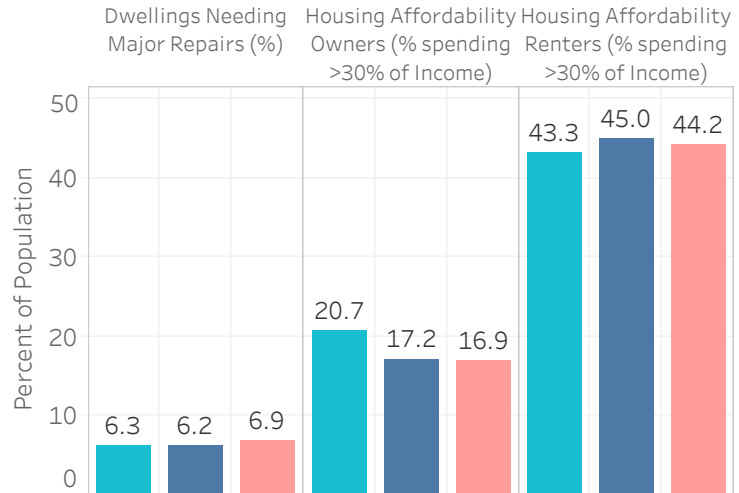
One way to measure affordability of housing is to look at how much of a household's income is spent on shelter. The proportion of home owners spending more than 30% of their income on shelter is lower in C.V. South than in BC and Island Health, while the percentage of renters spending this much in C.V. South is between Island Health and BC values. There is a similar percentage of crowded family households in C.V. South compared to Island Health and BC (see page 12). The percentage of households in need of major repairs (e.g. defective electrical wiring) is higher than Island Health and BC levels.

Early Childhood Development and Determinants of Child and Youth Health

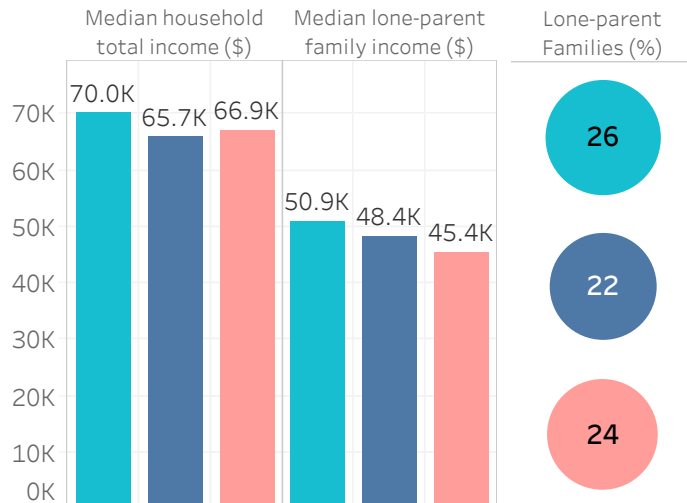
Creating supportive and healthy environments in an equitable way so that all children and youth can grow and thrive is critical to the health of the population. This includes supporting mothers during the pre- and post-natal period, supporting families during early development years, supporting children and youth to grow, learn, and transition into adulthood.

C.V. South has a lower percentage of lone-parent families than BC, but higher than Island Health overall. Median household income in C.V. South sits between Island Health and BC overall, while lone-parent family income is lower compared to Island Health and BC.

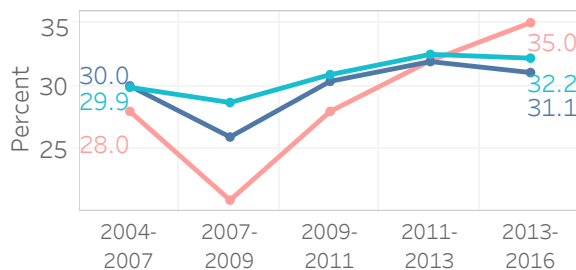
Selected Household Indicators



Median Household and Lone-Parent Income, and Percentage of Lone-Parent Families (2016 Census)



Early Development Instrument (EDI) Percent of Preschool Children Vulnerable in EDI: Vulnerable on ≥1 Domains



The Early Development Instrument (EDI) is used to measure vulnerability in "waves" of kindergarten children across five domains (social, physical, emotional, language, and communication). Increases in the EDI rate are a negative indicator of child health and decreases are a positive indicator. For Island Health overall, vulnerability had increased between 2007 and 2013, but has reversed slightly in the most recent wave. C.V. South has higher levels of vulnerability for preschool children than Island Health and BC, and has seen some increases in the last few waves.

■ C.V. South ■ Island Health ■ BC

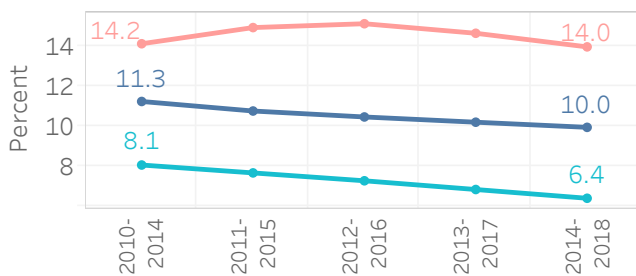


Determinants of Health

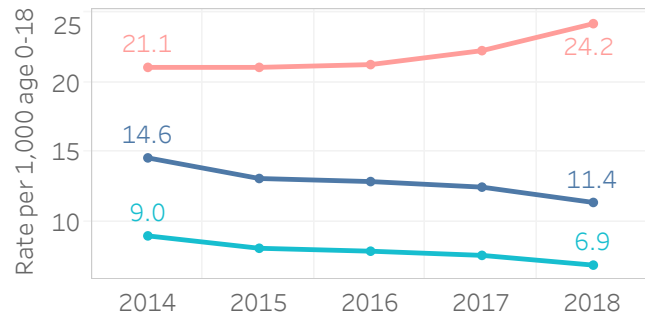
Mothers' smoking during pregnancy has demonstrated negative effects for both mother and baby. Rates of smoking during pregnancy have been decreasing over the past eight years in Island Health and BC; across Island Health overall rates have been much higher than for BC. In C.V. South, a much higher percentage of mothers smoked during pregnancy, however, these rates have decreased over recent years.

Rates of children and youth in care have decreased over the past five years in Island Health and BC; across Island Health overall rates have been much higher than for BC. The rate of children and youth in care for C.V. South is much higher than in BC and Island Health overall. See the Determinants of Health summary on page 13 for more information.

Percent of Pregnant Women who Reported Smoking at Any Time During Current Pregnancy (5 yr aggregate)

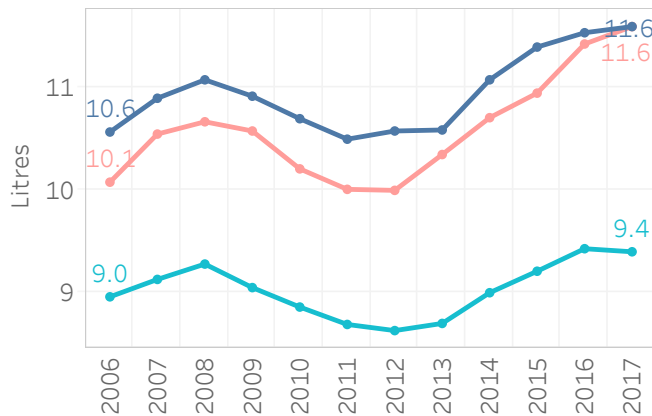


Children and Youth in Care per 1,000 Children and Youth



Healthy Behaviours and Built Environment

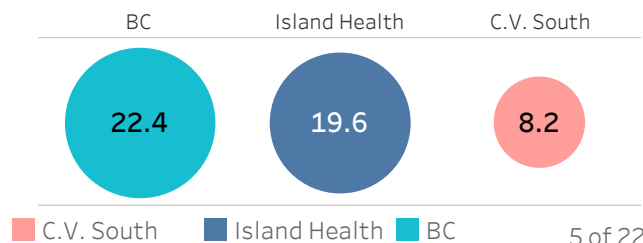
Alcohol Consumption (litres of absolute alcohol sold per person, 1L=58 standard drinks)



Preference for healthy behaviours such as healthy eating, exercise, not smoking, reducing alcohol consumption, and maintaining social connections contribute to a healthier life. Many healthy behaviour indicators are available through the Canadian Community Health Survey (CCHS) but the data is not available at the LHA level. Among LHA-level available data, substance use in C.V. South, particularly alcohol consumption per capita, fluctuates near the Island Health level, above the BC level of consumption.

Among those who are employed, a lower percentage of the population in C.V. South reports using active modes of transportation (walking, cycling, and public transit) to get to work. See the Determinants of Health summary on pages 12 and 13 for more information.

Employed Population Aged 15 and Over Walking, Biking or Busing to Work (%)





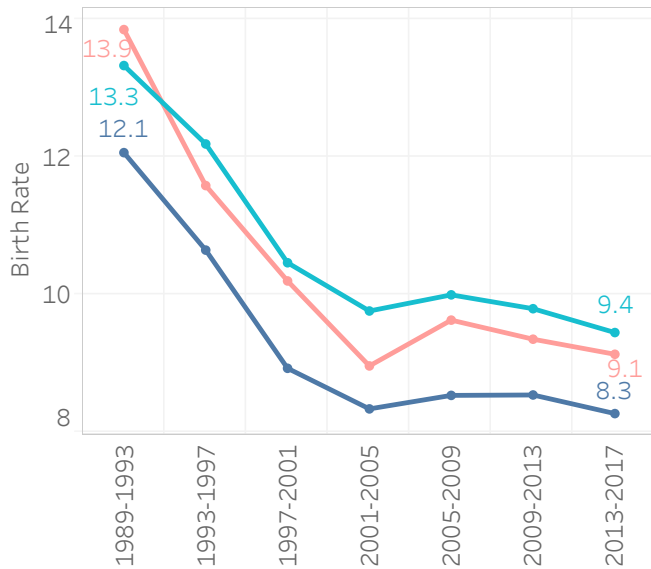
Health Status

The health status of the population is measured with several indicators such as life expectancy, infant mortality, prevalence of chronic disease, mortality, and premature mortality.

Birth Statistics

The overall birth rate for C.V. South is lower than BC and higher than Island Health. Compared to Island Health and BC, there are proportionately fewer births to older mothers (35 years and over) and fewer rates of low birth weight. The births to mothers under the age of 20 years and pre-term births (those born at less than 37 weeks) is slightly higher than Island Health and BC rates. The rate of cesarean sections sits below Island Health and BC rates.

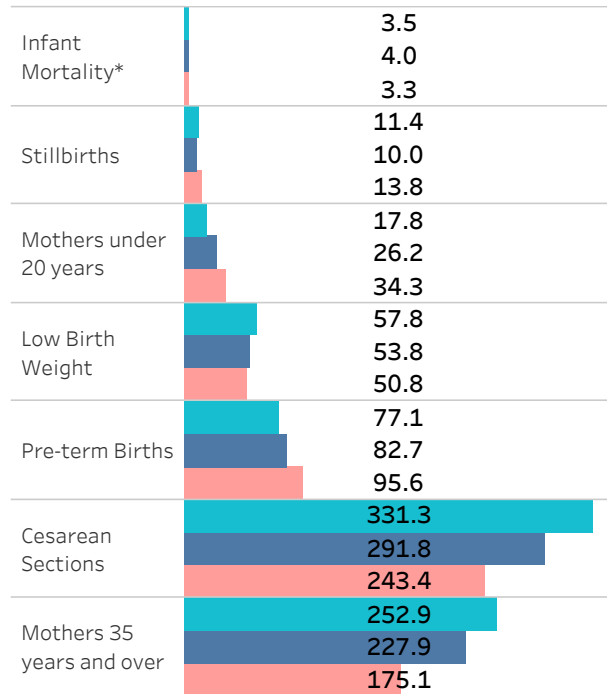
Birth Statistics
Live Births per 1,000 Population
(1989-1993 to 2013-2017)



Mortality Statistics

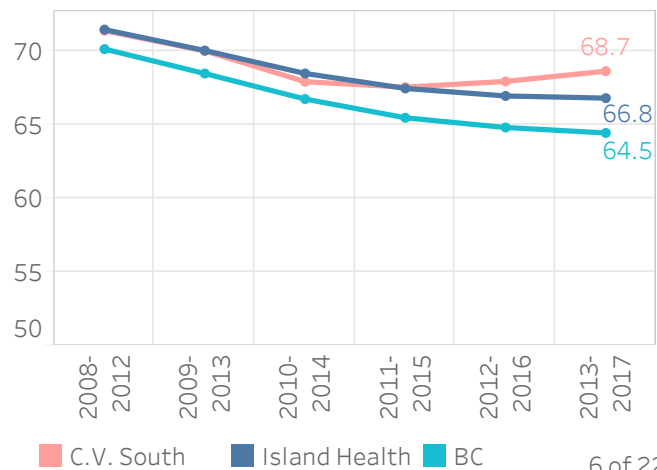
Mortality rates have decreased over the last decade in all areas. The age-standardized all-cause mortality rate for C.V. South has started to move higher than the Island Health and BC rates. See the Health Status summary on page 14 for cause-specific mortality rates.

Birth Statistics
Per 1,000 Live Births (2013-2017)



*It is important to note that caution should be exercised when dealing with a small number of cases as an increase or decrease may indicate random variation rather than a significant change in rates.

Mortality (Age Standardized Rate per 10,000)





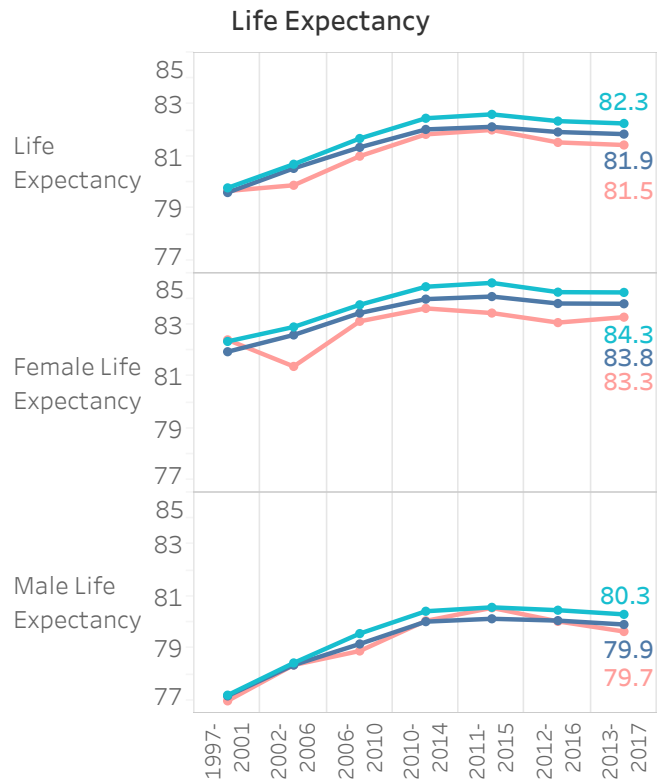
Health Status

Potential years of life lost (PYLL), is a measure of premature mortality (an estimate of the average years a person would have lived if they had not died before the established life expectancy of 75 years). In C.V. South, the PYLL due to diabetes, endocrine, nutritional, and metabolic diseases, suicides, motor vehicle accidents, diseases of the circulatory system, and diseases of the digestive system are higher than the BC and Island Health PYLLs. A complete list of PYLL by cause can be found on page 16.

Life expectancy has been increasing over the last few decades; however, the C.V. South population tends to have a slightly shorter life expectancy than the rest of Island Health and BC.

Chronic Disease

Chronic disease prevalence rates are higher than the Island Health and BC rates for osteoarthritis, chronic obstructive pulmonary disease, episodic asthma, and asthma. See the Health Status summary on page 15 for more information.



Chronic Disease Age Standardized Prevalence in 2018 Per 1,000 Individuals

	BC	Island Health	C.V. South
Heart Failure	19.4	17.7	18.4
Alzheimer's Disease and Other Dementia	20.3	21.3	20.6
Chronic Kidney Disease	23.2	22.2	22.2
Chronic Obstructive Pulmonary Disease	51.1	52.5	90.2
Episodic Asthma	49.9	52.9	55.9
Ischemic Heart Disease	69.4	60.5	62.0
Diabetes	80.3	69.5	70.6
Osteoarthritis	84.9	91.1	100.3
Asthma	123.1	130.7	135.2
Hypertension	224.7	212.1	222.9



Health Status

Mental Health and Substance Use

Over recent years, many of the LHAs across Island Health have been working to address the ongoing opioid public health emergency and to discuss how to improve mental health and wellbeing. In light of this ongoing health emergency, this page highlights several measures that are directly or indirectly related to the crisis at hand.

Mental Health Conditions

Although many chronic diseases have a lower prevalence in C.V. South in comparison to Island Health and BC, conditions related to mental health vary when compared to BC and Island Health rates. The most notable conditions are depression, mood & anxiety disorders, and episodic mood & anxiety disorders, where C.V. South prevalence is higher than BC and Island Health overall. C.V. South prevalences in the other mental health conditions sit between BC (lower) and Island Health (higher).

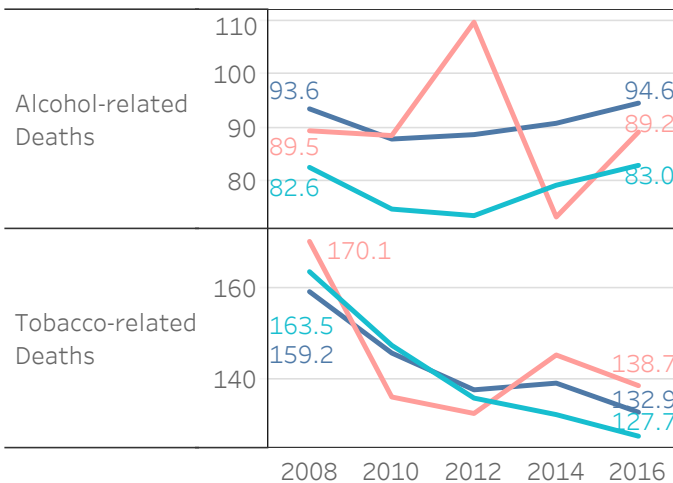
Substance Use

C.V. South alcohol-related death rate is at a similar level as 2008, although it has fluctuated greatly over this time period. C.V. South tobacco-related deaths have decreased overall and sit above Island Health and BC, while the illicit drug toxicity death rate has jumped in recent years, now sitting above Island Health and BC. The indicators directly below have combined deaths that are partially or entirely attributed to the substance being measured; for more details visit <http://aodtool.cfar.uvic.ca/aod/about.php>. Also, see hospitalization rates on page 15.

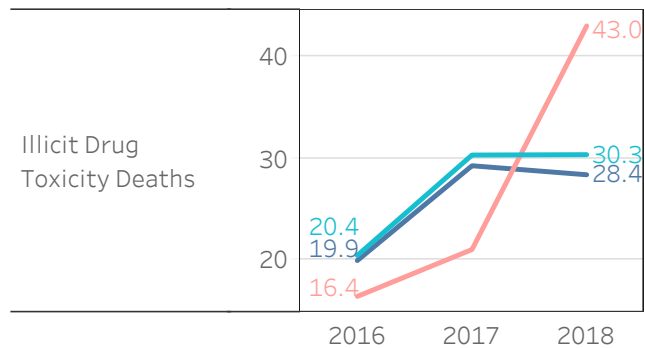
Chronic Disease Age Standardized Prevalence Per 1,000 Individuals

Depression	280	● 293.0
	260	● 278.3
Episodic Depression	85	● 85.8
	80	● 81.7
	75	● 72.2
Mood & Anxiety Disorders	360	● 362.5
	340	● 342.7
	300	● 301.9
Episodic Mood & Anxiety Disorders	120	● 127.0
	110	● 122.1
Schizophrenia & Delusional Disorders	100	● 101.6
	11.6	● 11.6
	11.4	● 11.3
	11.2	● 11.0

Substance-Related Deaths (Age Standardized Rate per 100,000)



Illicit Drug Toxicity Deaths (Crude Rate per 100,000)



For the most up to date data on Illicit Drug Toxicity Deaths, visit: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

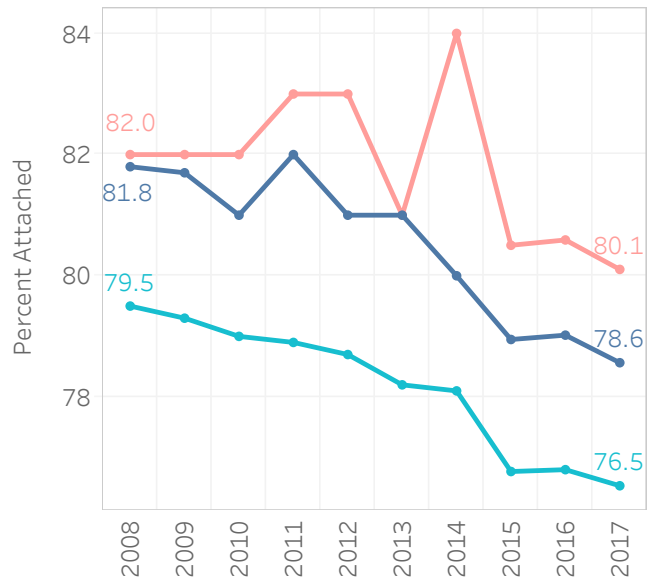


Health Service Use

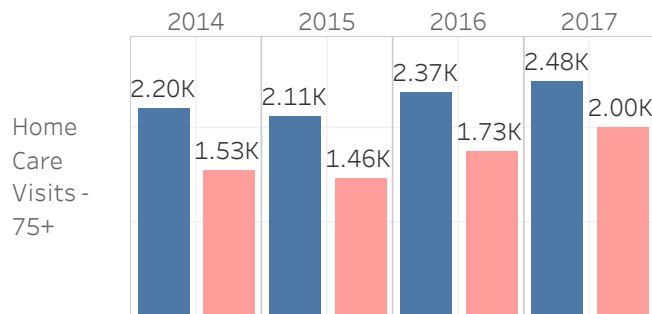
Access to primary care services plays an important role in the use of emergency department and inpatient services. The population attached to physicians at the practice level is calculated by the Ministry of Health and indicates the percentage of the population who have a regular physician or regular physician practice. Compared to Island Health overall, a higher percentage of the C.V. South population has a physician at the practice level.

There is a lower rate of home care visits and home care clients for the 75+ age group in C.V. South compared to Island Health. The C.V. South rates of home support clients and home support hours are slightly higher than Island Health's rate for the 75+ population. See Health Service Use summary on page 17 for more information on these topics.

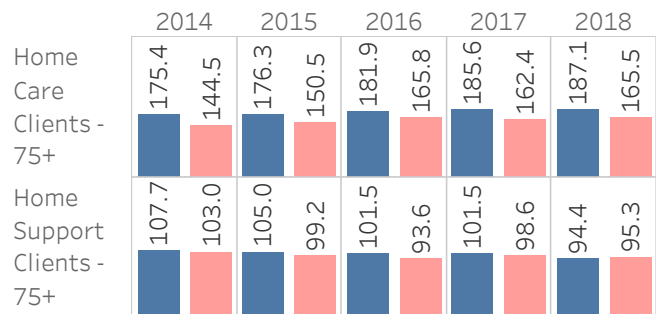
Population Attached to Physician at the Practice Level (%)



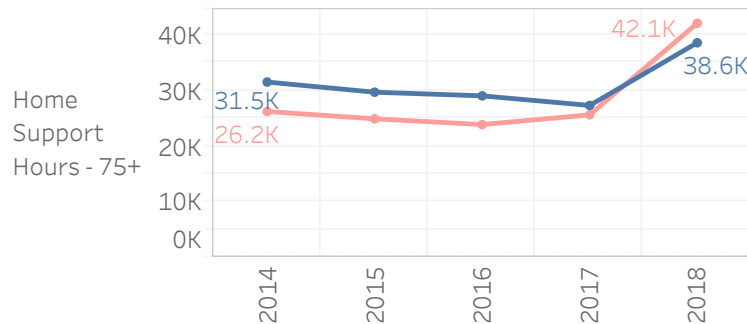
Home Care Visits
Rate per 1,000 Population



Home Care and Home Support Clients
Rate per 1,000 Population



Home Support Hours
Rate per 1,000 Population





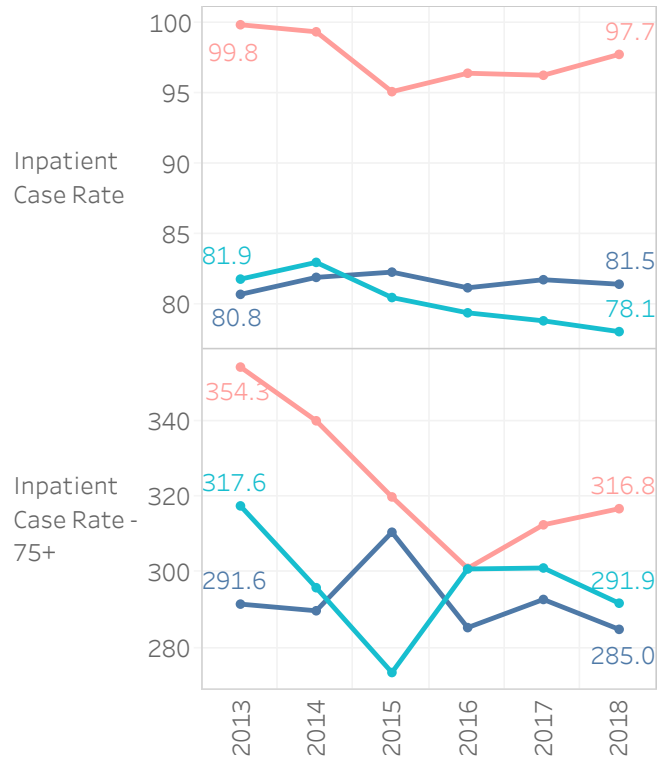
Health Service Use

The age standardized hospitalization rate (inpatient admissions) for the C.V. South population is higher than Island Health and BC, both overall and for the population aged 75 and over.

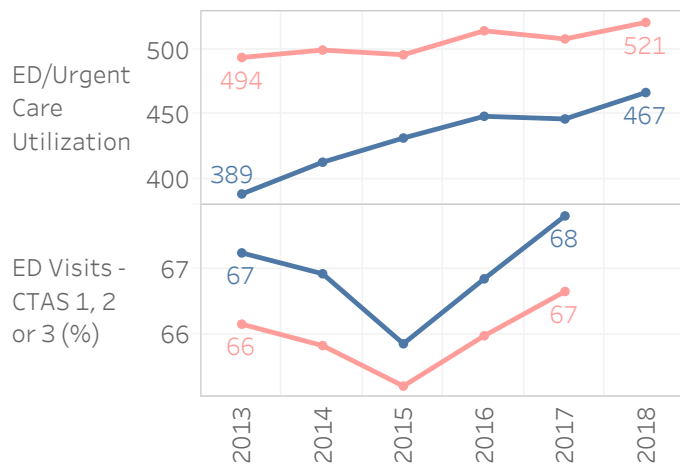
The hospital admission rate for Ambulatory Care Sensitive Conditions (ACSC) – conditions that can be treated in the community if services are available and would not necessarily require hospitalization – has been higher in C.V. South, although the rate has decreased in the most recent year.

Emergency/urgent care visit rates are higher for C.V. South compared to Island Health and BC. However, the percentage of emergency/urgent care visits that are triaged as highly urgent is slightly lower in C.V. South compared to Island Health. Health service usage is based on where the user resides, rather than where the service is provided. See the Health Service Use summary on page 16 for more information on these topics.

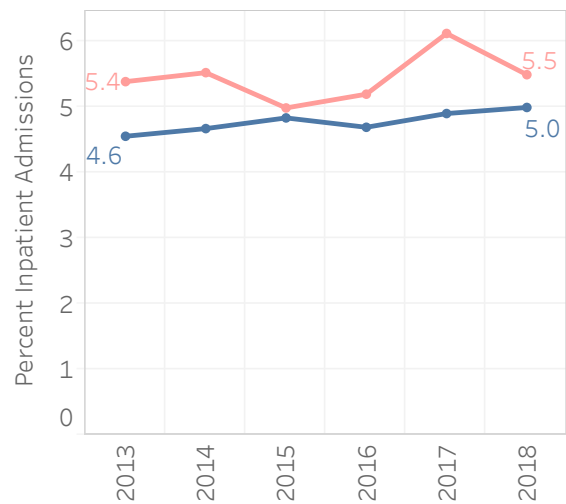
Acute Care Inpatient Cases (Age Standardized Rate per 1,000)



Unscheduled Emergency and Urgent Care Centre Visits Rate per 1,000 Population and Percent of Higher Urgency (Canadian Triage and Acuity Scale (CTAS) 1, 2 or 3)

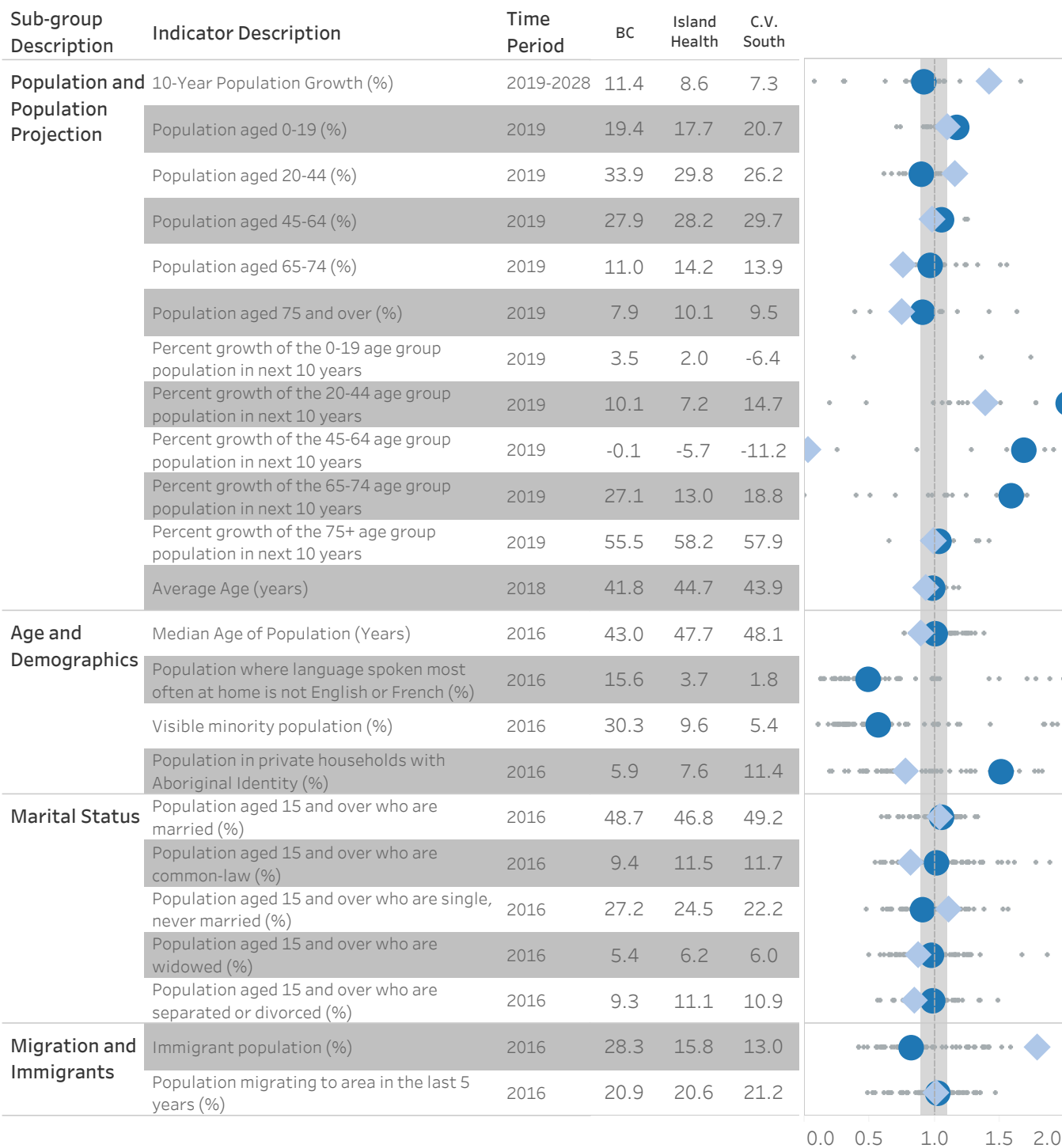


Ambulatory Care Sensitive Conditions (% of Admissions)



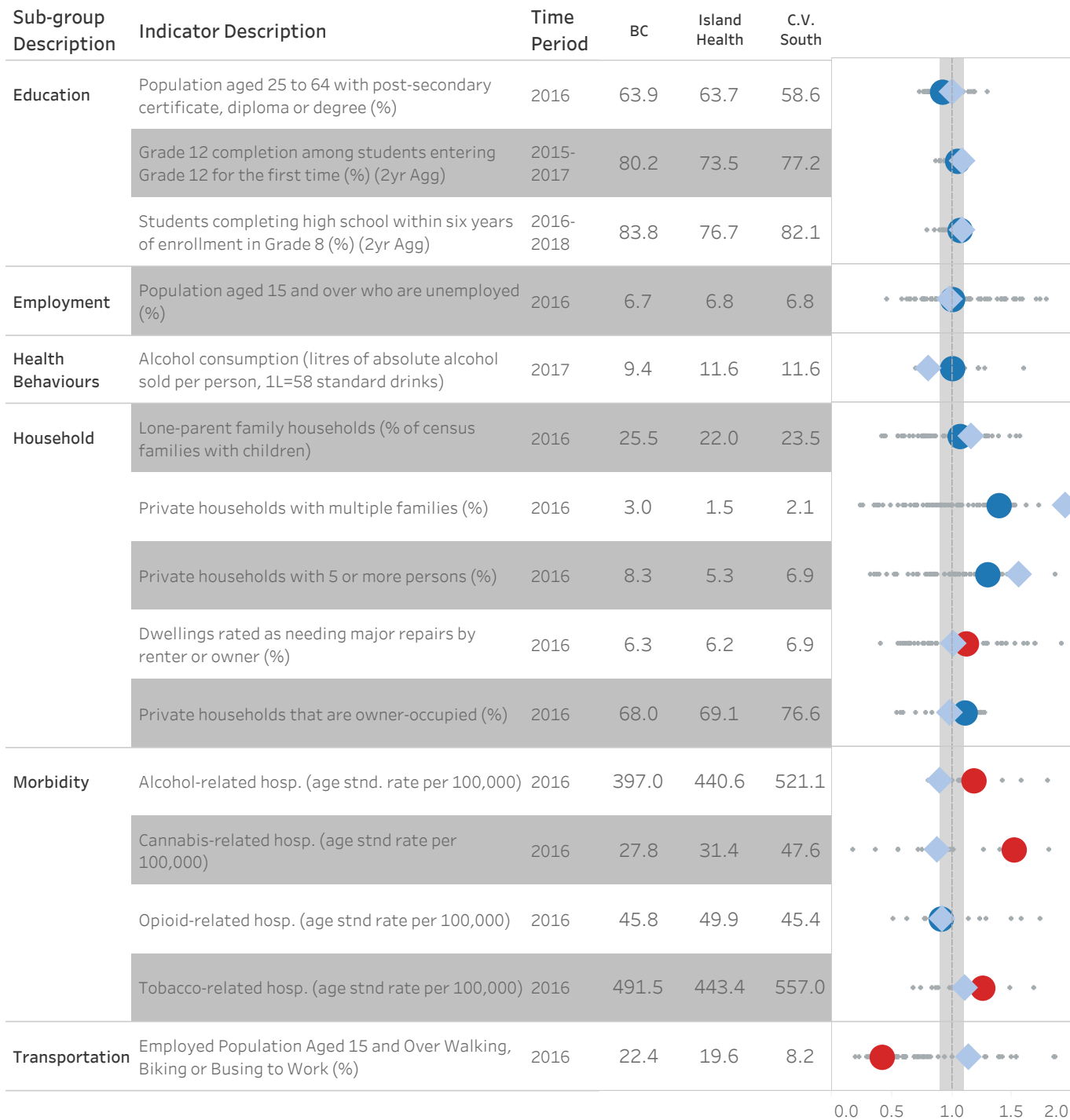
The chart below shows how various indicators for this LHA compare with the rest of Island Health. This LHA's result for each indicator is shown with a large circle. Green identifies results better than Island Health; red identifies results worse than Island Health. These results do not necessarily reflect statistical significance. Island Health's value is shown by the black dotted line, which is always at the centre of the chart. Light gray shading encompassing small grey circles indicates the range of the other LHA values and the dark gray shading shows ±10% from the Island Health value. This is meant to show the relative magnitude of the LHA compared to Island Health, and in some cases extends beyond the chart display.

Population and Demographics Summary



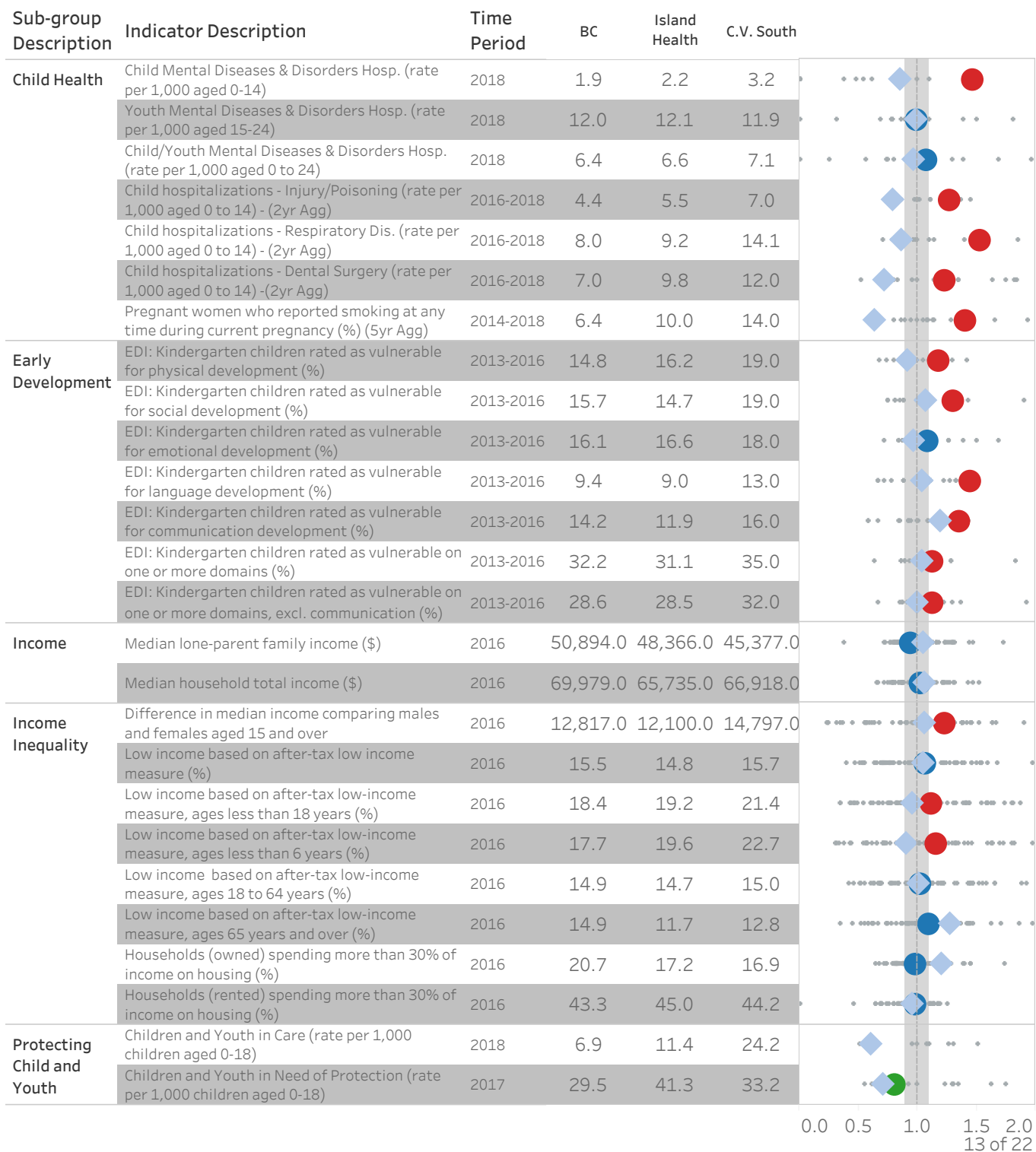
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\$ Determinants of Health Summary



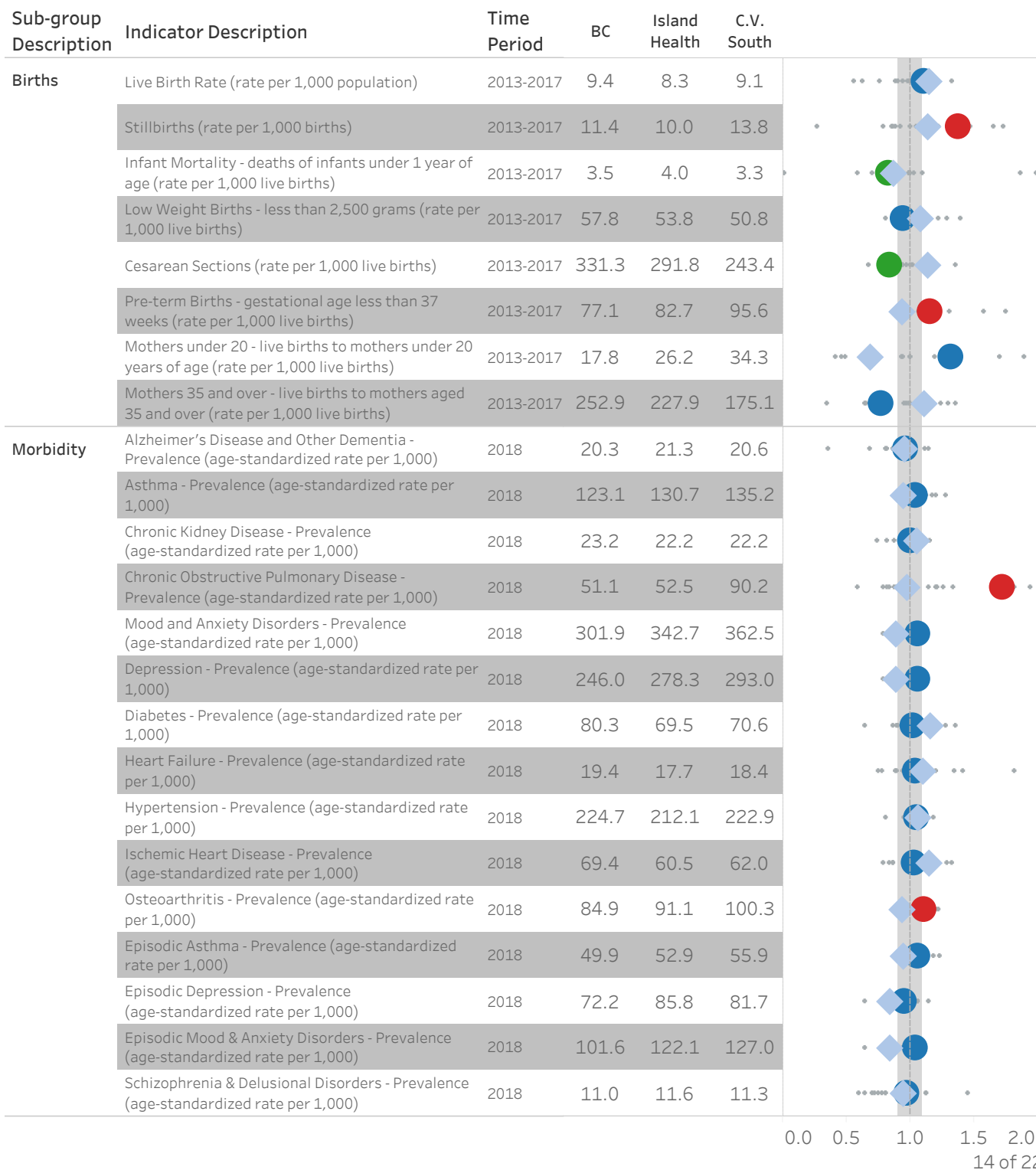
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\$ Determinants of Health Summary (Continued)



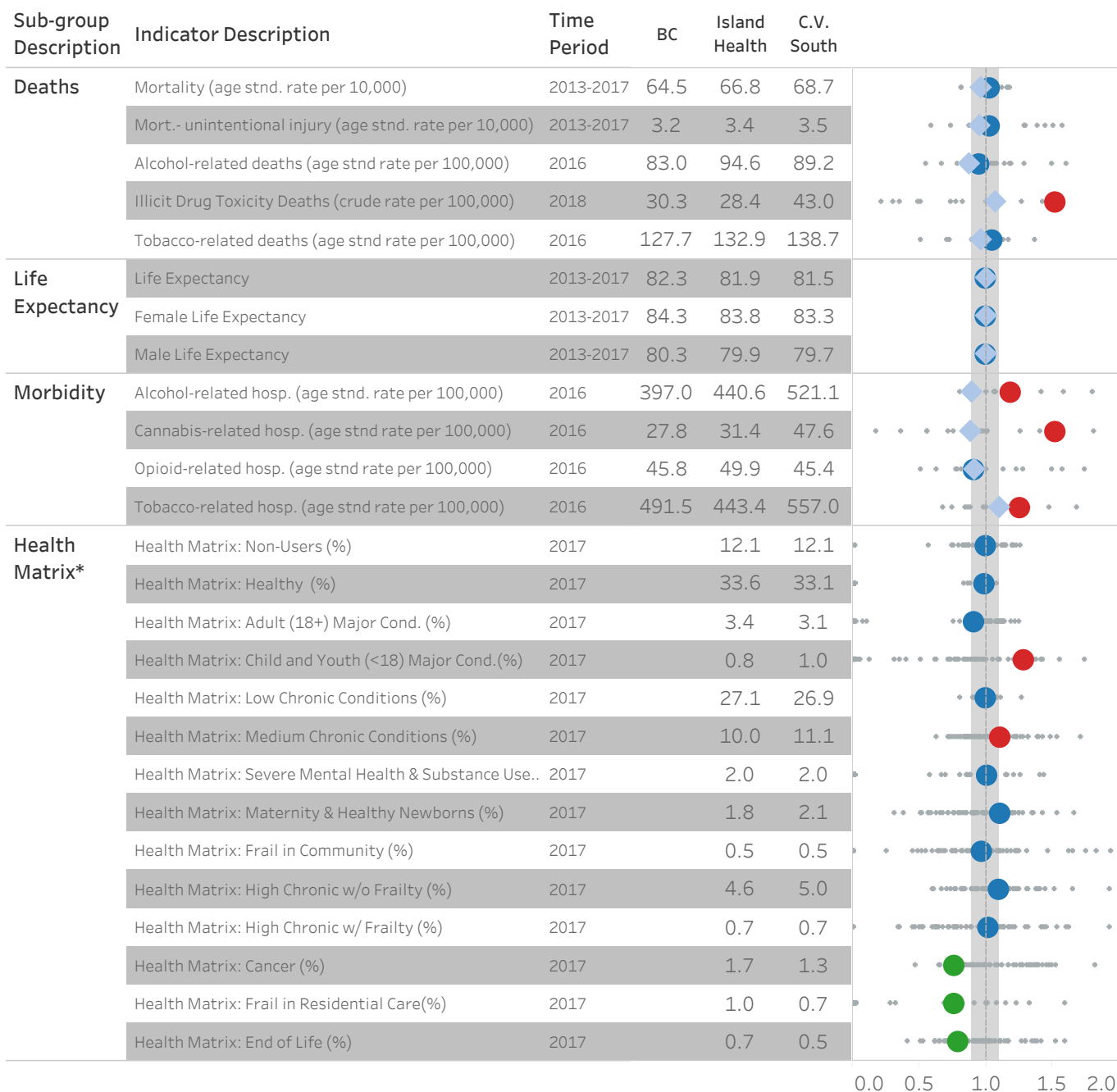
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Health Status Summary



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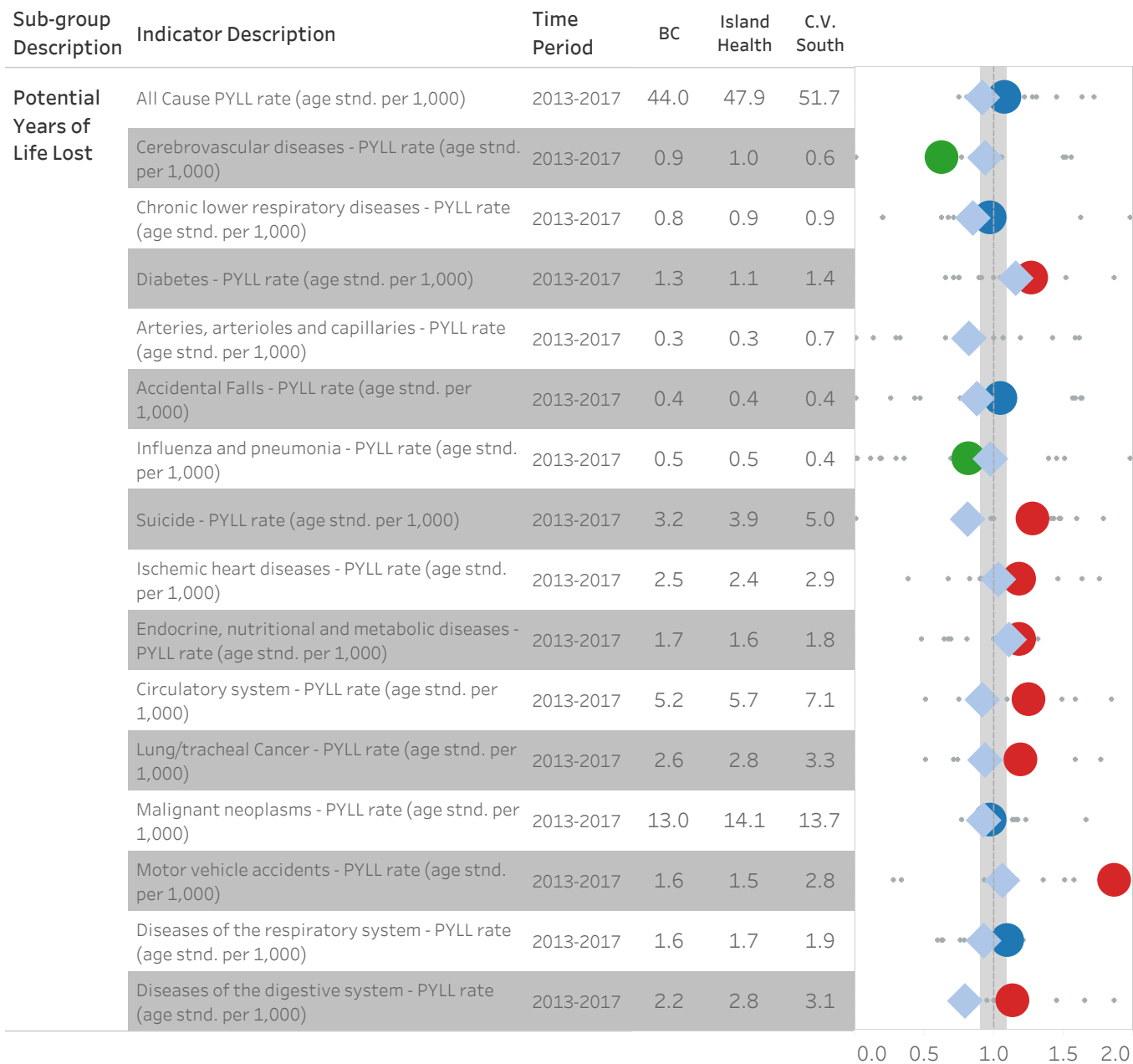
Health Status Summary (Continued)



*The Health Matrix is a way of categorizing the population into different groups based on their health service utilization patterns. These categories are mutually exclusive and add up to 100% - in other words, everyone is placed into one of the categories, going from low or no utilization to high utilization at end of life; people who may meet the criteria for more than one category would be placed into the higher utilization category - for example, someone with medium complex chronic conditions who was also living in residential care would be counted in the Frail, Living in Residential Care category. For more information on the Health Matrix, see <https://www2.gov.bc.ca/assets/gov/health/forms/5511datadictionary.pdf>

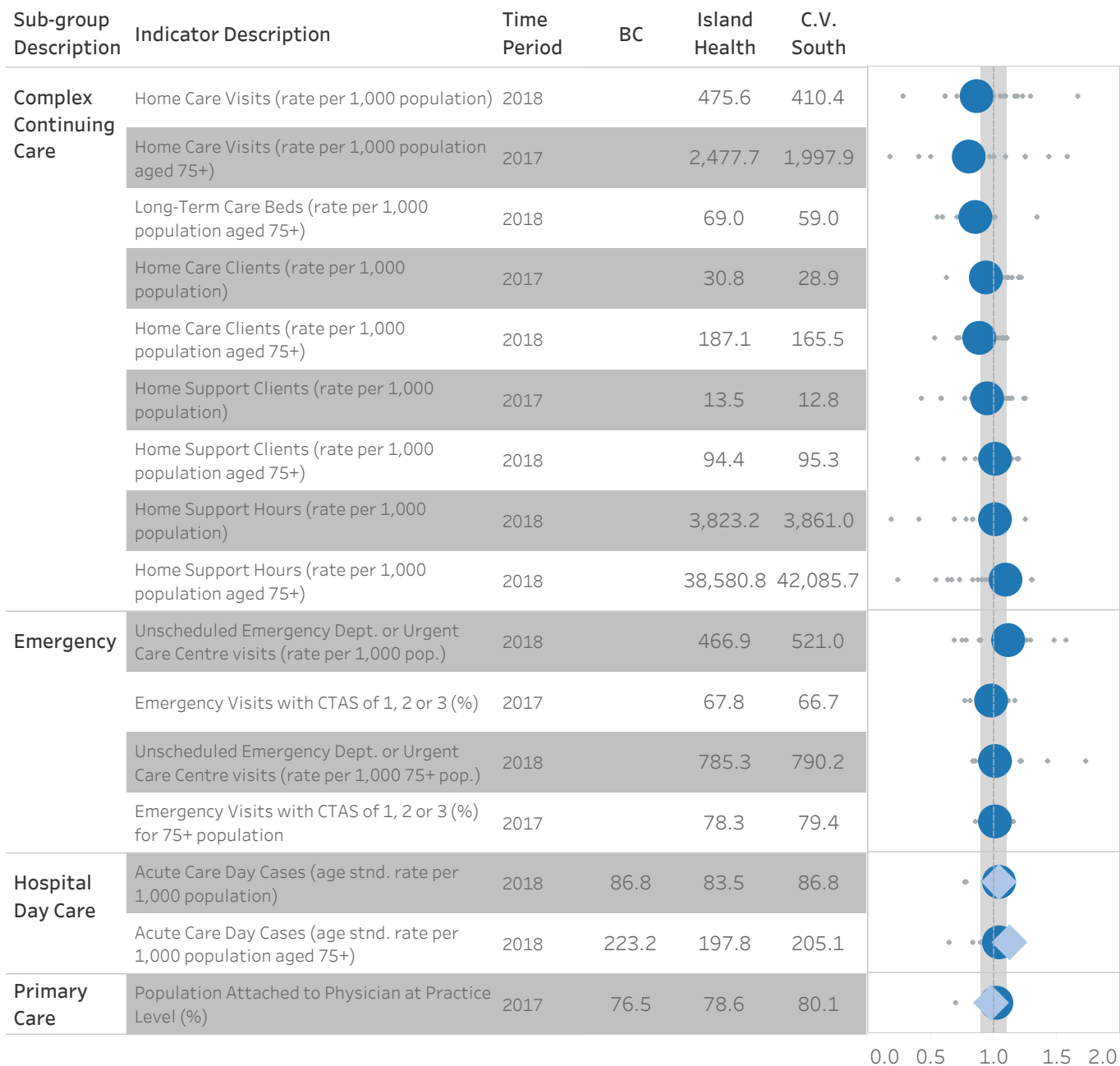
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⦿ Potential Years of Life Lost (PYLL) from life expectancy of 75 years



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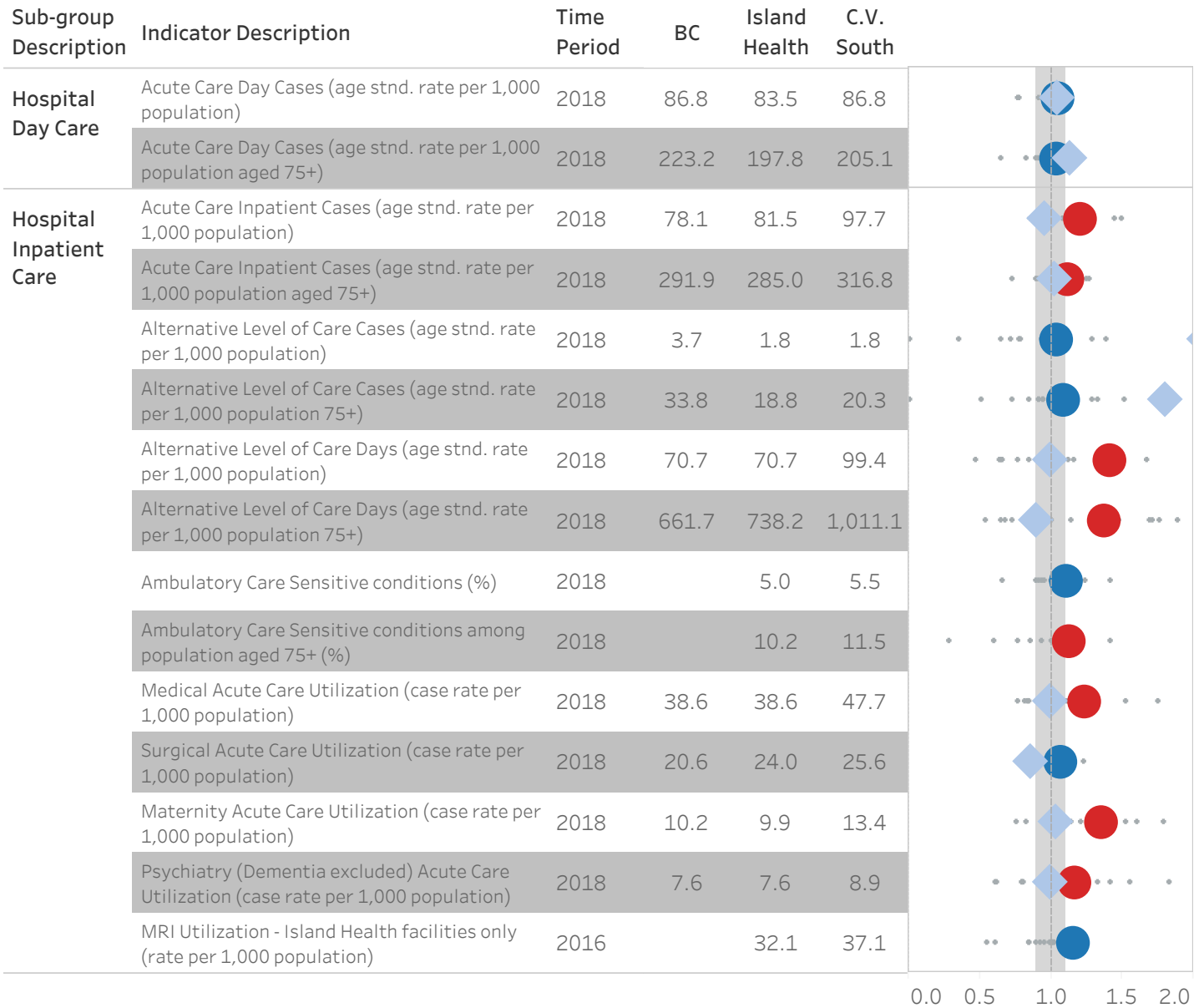
Health Service Use Summary



● LHA
 ● LHA Better than Island Health
 ● LHA Worse than Island Health
 ◆ BC Rate, when available
 Range
 ● Other LHAs
 Island Health Value with ±10%

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Health Service Use Summary (Continued)



Data Sources

Population and Demographics

Population and Population Projection

Average Age: BC Statistics, 2018 | Population Pyramid: BC Statistics - P.E.O.P.L.E. 2019 | Estimated Total Population - 2039: BC Statistics - P.E.O.P.L.E. 2019 | Estimated Population Change - 2039: BC Statistics - P.E.O.P.L.E. 2019 | 10 Year Population Growth (%): BC Statistics - P.E.O.P.L.E. 2019 | Population aged 0-19 (%) - BC Statistics - P.E.O.P.L.E. 2019 | Population aged 20-44 (%) - BC Statistics - P.E.O.P.L.E. 2019 | Population aged 45-64 (%) - BC Statistics - P.E.O.P.L.E. 2019 | Population aged 65-74(%) - BC Statistics - P.E.O.P.L.E. 2019 | Population aged 75 and over (%) - BC Statistics - P.E.O.P.L.E. 2019 | Percent growth of the 0-19 age group population in next 10 years - BC Statistics - P.E.O.P.L.E. 2019 | Percent growth of the 20-44 age group population in next 10 years - BC Statistics - P.E.O.P.L.E. 2019 | Percent growth of the 45-64 age group population in next 10 years - BC Statistics - P.E.O.P.L.E. 2019 | Percent growth of the 65-74 age group population in next 10 years - BC Statistics - P.E.O.P.L.E. 2019 | Percent growth of the 75+ age group population in next 10 years - BC Statistics - P.E.O.P.L.E. 2019

Age Demographics & Marital Status

Median Age of Population - Census, 2016 | Population where language spoken most often at home is not English or French (%) - Census, 2016 | Visible minority population (%) - Census, 2016 | Population in private households with Aboriginal Identity (%) - Census, 2016 | Population aged 15 and over who are married (%) - Census, 2016 | Population aged 15 and over who are common-law (%) - Census, 2016 | Population aged 15 and over who are single, never married (%) - Census, 2016 | Population aged 15 and over who are widowed (%) - Census, 2016 | Population aged 15 and over who are separated or divorced (%) - Census, 2016

Migration and Immigrants

Immigrant population (%): Census, 2016 | Population migrating to area in the last 5 years (%): Census, 2016

Determinants of Health

Education & Employment

Population aged 25 to 64 with post-secondary certificate, diploma or degree (%) - Census, 2016 | Grade 12 completion among students entering Grade 12 for the first time (%) (2yr Agg) - Ministry of Education, 2017 | Students completing high school within six years of enrollment in Grade 8 (%) (2yr Agg) - Ministry of Education, 2018 | Population aged 15 and over who are unemployed (%): Census, 2016

Health Behaviours

Alcohol consumption (litres of absolute alcohol sold per person, 1L=58 standard drinks)- AOD: CISUR, 2017

Household

Dwellings rated as needing major repairs by renter or owner (%) - Census, 2016 | Lone-parent family households (% of census families with children) - Census, 2016 | Private households that are owner-occupied (%) - Census, 2016 | Private households with 5 or more persons (%) - Census, 2016 | Private households with multiple families (%) - Census, 2016 | Households (owned) spending more than 30% of income on housing (%) - Census, 2016 | Households (rented) spending more than 30% of income on housing (%) - Census, 2016

Income & Income Inequality

Median household total income (\$) - Census, 2016 | Median lone-parent family income (\$) - Census, 2016 | Difference in median income comparing males and females aged 15 and over - Census, 2016 | Households (owned) spending more than 30% of income on housing (%) - Census, 2016 | Households (rented) spending more than 30% of income on housing (%) - Census, 2016 | Low income based on after-tax low income measure (%) - Census, 2016 | Low income based on after-tax low-income measure, ages 18 to 64 years (%) - Census, 2016 | Low income based on after-tax low-income measure, ages 65 years and over (%) - Census, 2016 | Low income based on after-tax low-income measure, ages less than 6 years (%) - Census, 2016 | Low income based on after-tax low-income measure, ages less than 18 years (%) - Census, 2016

Data Sources

Determinants of Health

Morbidity

Alcohol-related hospitalizations (age-standardized rate per 100,000) - CISUR, 2016 | Cannabis-related hospitalizations (age-standardized rate per 100,000) - CISUR, 2016 | Opioid-related hospitalizations (age-standardized rate per 100,000) - CISUR, 2016 | Tobacco-related hospitalizations (age-standardized rate per 100,000) - CISUR, 2016

Transportation

Employed population aged 15 and over walking, biking or using to work (%) - Census, 2016

Child Health

Child hospitalizations - Dental Surgery (rate per 1,000 aged 0 to 14) -(2yr Agg): Ministry of Health Health Ideas, 2016-2018 | Child Hospitalizations - Injury/Poisoning (rate per 1,000 aged 0 to 14) - (2yr Agg): Ministry of Health Health Ideas, 2016-2018 | Child hospitalizations - Respiratory Dis. (rate per 1,000 aged 0 to 14) - (2yr Agg): Ministry of Health Health Ideas, 2016-2018 | Child Mental Diseases & Disorders Hospitalizations (Indirect Age Standardized rate per 1,000 aged 0-14): Ministry of Health Health Ideas, 2018 | Child/Youth Mental Diseases & Disorders Hospitalizations (Indirect Age Standardized rate per 1,000 aged 15-24): Ministry of Health Health Ideas, 2018

Early Development

EDI: Kindergarten children rated as vulnerable for social development (%) - Early Development Instrument, 2016 | EDI: Kindergarten children rated as vulnerable for communication development (%) - Early Development Instrument, 2016 | EDI: Kindergarten children rated as vulnerable for emotional development (%) - Early Development Instrument, 2016 | EDI: Kindergarten children rated as vulnerable for language development (%) - Early Development Instrument, 2016 | EDI: Kindergarten children rated as vulnerable for physical development (%) - Early Development Instrument, 2016 | EDI: Kindergarten children rated as vulnerable on one or more domains (%) - Early Development Instrument, 2016 | EDI: Kindergarten children rated as vulnerable on one or more domains, excluding communication (%) - Early Development Instrument, 2016

Protecting Children and Youth

Children and Youth in Care (rate per 1,000 children aged 0 to 18) - Ministry of Children and Family Development, 2018 | Children and Youth in Need of Protection (rate per 1,000 children aged 0 to 18) - Ministry of Children and Family Development, 2017

Health Status

Life Expectancy

Female Life Expectancy - BC Statistics, 2017 | Male Life Expectancy - BC Statistics, 2017 | Life Expectancy - BC Statistics, 2017

Deaths

Mortality (age-standardized rate per 10,000) - Vital Statistics, 2017 | Mortality due to unintentional injuries (age-standardized rate per 10,000) - Vital Statistics, 2017 | Alcohol-related deaths (age-standardized rate per 100,000) - CISUR, 2016 | Tobacco-related deaths (age-standardized rate per 100,000) - CISUR, 2016 | Illicit Drug Toxicity Deaths (crude rate per 100,000) - BC Coroner's Service, 2018

Health Matrix

Health Matrix: Healthy (%) - Blue Matrix and People, 2017 | Health Matrix: Adult (18+) Major Conditions (%) - Blue Matrix and People, 2017 | Health Matrix: Child and Youth (<18) Major Conditions (%) - Blue Matrix and People, 2017 | Health Matrix: Low Chronic Conditions (%) - Blue Matrix and People, 2017 | Health Matrix: Medium Chronic Conditions (%) - Blue Matrix and People, 2017 | Health Matrix: Severe Mental Health & Substance Use (%) - Blue Matrix and People, 2017 | Health Matrix: Maternity & Healthy Newborns (%) - Blue Matrix and People, 2017 | Health Matrix: Frail in Community (%) - Blue Matrix and People, 2017 | Health Matrix: High Chronic w/o Frailty (%) - Blue Matrix and People, 2017 | Health Matrix: High Chronic w/ Frailty (%) - Blue Matrix and People, 2017 | Health Matrix: Cancer (%) - Blue Matrix and People, 2017 | Health Matrix: Frail in Residential Care (%) - Blue Matrix and People, 2017 | Health Matrix: End of Life (%) - Blue Matrix and People, 2017

Data Sources

Health Status

Births

Live Birth Rate (rate per 1,000 population) - Vital Statistics, 2017 | Stillbirths (rate per 1,000 births) - Vital Statistics, 2017 | Infant Mortality - deaths of infants under 1 year of age (rate per 1,000 live births) - Vital Statistics, 2017 | Low Weight Births - less than 2,500 grams (rate per 1,000 live births) - Vital Statistics, 2017 | Cesarean Sections (rate per 1,000 live births) - Vital Statistics, 2017 | Pre-term Births - gestational age less than 37 weeks (rate per 1,000 live births) - Vital Statistics, 2017 | Mothers under 20 - live births to mothers under 20 years of age (rate per 1,000 live births) - Vital Statistics, 2017 | Mothers 35 and over - live births to mothers aged 35 and over (rate per 1,000 live births) - Vital Statistics, 2017

Morbidity

Alzheimer's Disease and Other Dementia - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Asthma - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Chronic Kidney Disease - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Chronic Obstructive Pulmonary Disease - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Mood and Anxiety Disorders - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Depression - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Diabetes - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Heart Failure - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Hypertension - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Ischemic Heart Disease - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Osteoarthritis - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Episodic Asthma - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Episodic Depression - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Episodic Mood & Anxiety Disorders - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018 | Schizophrenia & Delusional Disorders - Prevalence (age-standardized rate per 1,000) - MoH - Chronic Disease Registries, 2018

Complex Continuing Care

Home Care Visits (rate per 1,000 population) - Island Health - Ideas, 2018 | Home Care Visits (rate per 1,000 population aged 75 and over) - Island Health - Ideas, 2017 | Long-Term Care Beds (rate per 1,000 population aged 75 and over) - Island Health - Ideas, 2018 | Home Care Clients (rate per 1,000 population) - Island Health - Ideas, 2017 | Home Care Clients (rate per 1,000 population aged 75 and over) - Island Health - Ideas, 2018 | Home Support Clients (rate per 1,000 population) - Island Health - Ideas, 2017 | Home Support Clients (rate per 1,000 population aged 75 and over) - Island Health - Ideas, 2018 | Home Support Hours (rate per 1,000 population) - Island Health - Ideas, 2018 | Home Support Hours (rate per 1,000 population aged 75 and over) - Island Health - Ideas, 2018

Emergency

Unscheduled Emergency Department or Urgent Care Centre visits (rate per 1,000 population) - Island Health - Ideas, 2018 | Emergency Visits with CTAS of 1, 2 or 3 (%) - Island Health - Ideas, 2017 | Unscheduled Emergency Department or Urgent Care Centre visits for 75+ (rate per 1,000 75+ population) - Island Health - Ideas, 2018 | Emergency Visits with CTAS of 1, 2 or 3 (%) for 75+ population - Island Health - Ideas, 2017

Hospital Day Care

Acute Care Day Cases (age-standardized rate per 1,000 population) - Ministry of Health Health Ideas, 2018 | Acute Care Day Cases (age-standardized rate per 1,000 population aged 75 and over) - Ministry of Health Health Ideas, 2018

Primary Care

Population attached to physician at the practice level (%) - Ministry of Health, 2017

Data Sources

Health Status

Potential Years of Life Lost

Accidental Falls - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | All Cause Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Arteries, arterioles and capillaries - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Cerebrovascular diseases - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Chronic lower respiratory diseases - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Circulatory system - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Diabetes - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Diseases of the digestive system - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Diseases of the respiratory system - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Endocrine, nutritional and metabolic diseases - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Influenza and pneumonia - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Ischemic heart diseases - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Lung/tracheal Cancer - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Malignant neoplasms - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Motor vehicle accidents - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017 | Suicide - Potential Years of Life Lost rate (age standardized per 1,000): Vital Statistics, Calendar year ending 2013-2017

Hospital Inpatient Care

Acute Care Inpatient Cases (age-standardized rate per 1,000 population) - Ministry of Health Health Ideas, 2018 | Acute Care Inpatient Cases (age-standardized rate per 1,000 population aged 75 and over) - Ministry of Health Health Ideas, 2018 | Alternative Level of Care Cases (age-standardized rate per 1,000 population) - Ministry of Health Health Ideas, 2018 | Alternative Level of Care Cases (age-standardized rate per 1,000 population aged 75 and over) - Ministry of Health Health Ideas, 2018 | Alternative Level of Care Days (age-standardized rate per 1,000 population) - Ministry of Health Health Ideas, 2018 | Alternative Level of Care Days (age-standardized rate per 1,000 population aged 75 and over) - Ministry of Health Health Ideas, 2018 | Ambulatory Care Sensitive conditions (%) - Island Health - Ideas, 2018 | Ambulatory Care Sensitive conditions among population aged 75+ (%) - Island Health - Ideas, 2018 | Medical Acute Care Utilization (case rate per 1,000 population) - Ministry of Health Health Ideas, 2018 | Surgical Acute Care Utilization (case rate per 1,000 population) - Ministry of Health Health Ideas, 2018 | Maternity Acute Care Utilization (case rate per 1,000 population) - Ministry of Health Health Ideas, 2018 | Psychiatry (Dementia excluded) Acute Care Utilization (case rate per 1,000 population) - Ministry of Health Health Ideas, 2018 | MRI Utilization - Island Health facilities only (rate per 1,000 population) - Island Health, 2016